

**CONFIDENTIAL**

**ETHICS SUPERVISOR DETERMINATION FORM**  
**(Public Employee)**

Agency, Board or Commission: \_\_\_\_\_

Public Employee Disclosing Potential Ethics Violation: \_\_\_\_\_

I have determined that the situation described on the attached ethics disclosure form

\_\_\_\_\_ does or would violate AS 39.52.110 - .190. Identify applicable statute below.

\_\_\_\_\_ does not or would not violate AS 39.52.110 - .190.

\_\_\_\_\_  
Signature of Designated Ethics Supervisor

\_\_\_\_\_  
Printed Name of Designated Ethics Supervisor

Date: \_\_\_\_\_

COMMENTS (Please attach a separate sheet for additional space): \_\_\_\_\_

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**Note: Disclosure Form must be attached.** Disclosures with determinations must be forwarded to the State Ethics Attorney as part of the designated ethics supervisor's quarterly report submitted under AS 39.52.260. Quarterly reports are submitted to Kamie Willis, Litigation Assistant, Department of Law, Opinions, Appeals, & Ethics Section, 1031 W. 4<sup>th</sup> Avenue, Suite 200, Anchorage, AK, 99501.